



1·2·3 FÉVRIER 2023

MARSEILLE·PALAIS DU PHARO



Le multitronculaire: quand et comment?

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Disclosures



Speaker and/or consulting fees: Abbott, Amgen, Astra Zeneca, Bayer, BMS, Novo Nordisk, Sanofi

CEC, DSMB, Steering committee: Amgen, Novo Nordisk, Janssen

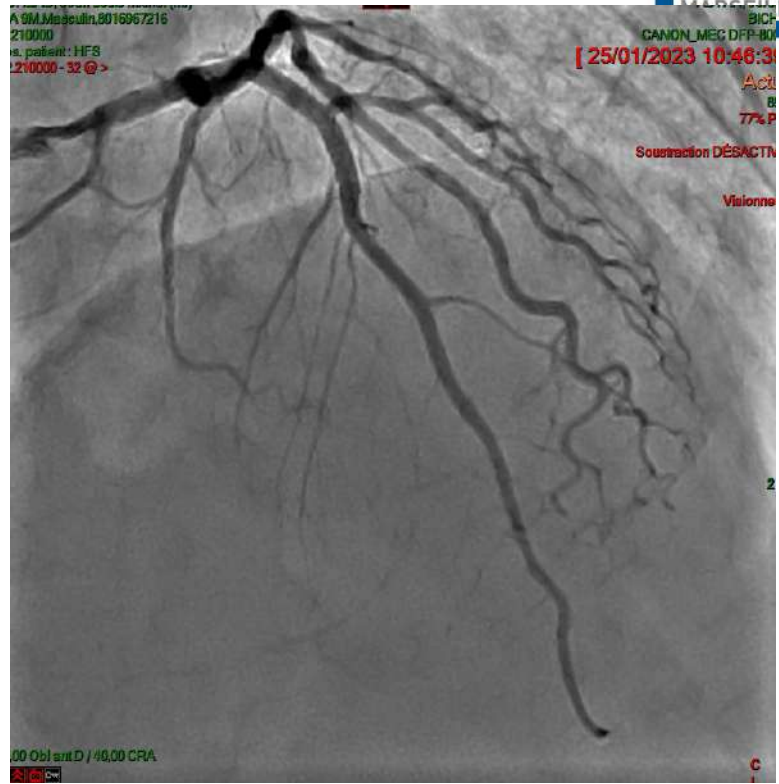
Proctoring: Boston scientific

M. R, 74 ans

- HTA
- Dyslipidémie
- Tabac actif

- 1997: STEMI inférieur (ATL CD).
- Pas de séquelle, fonction VG préservée

- STEMI antérieur pris en charge à H2





STEMI multitronculaire: quand et comment?

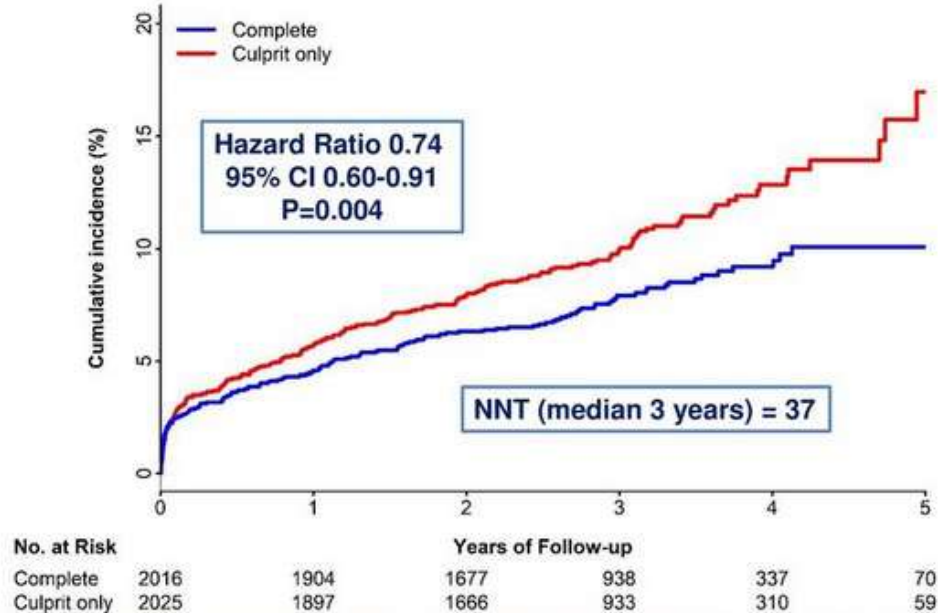
- Faut-il revasculariser les lésions non coupables?

COMPLETE

revascularisation complète vs. Lésion coupable
uniquement > 4000 patients

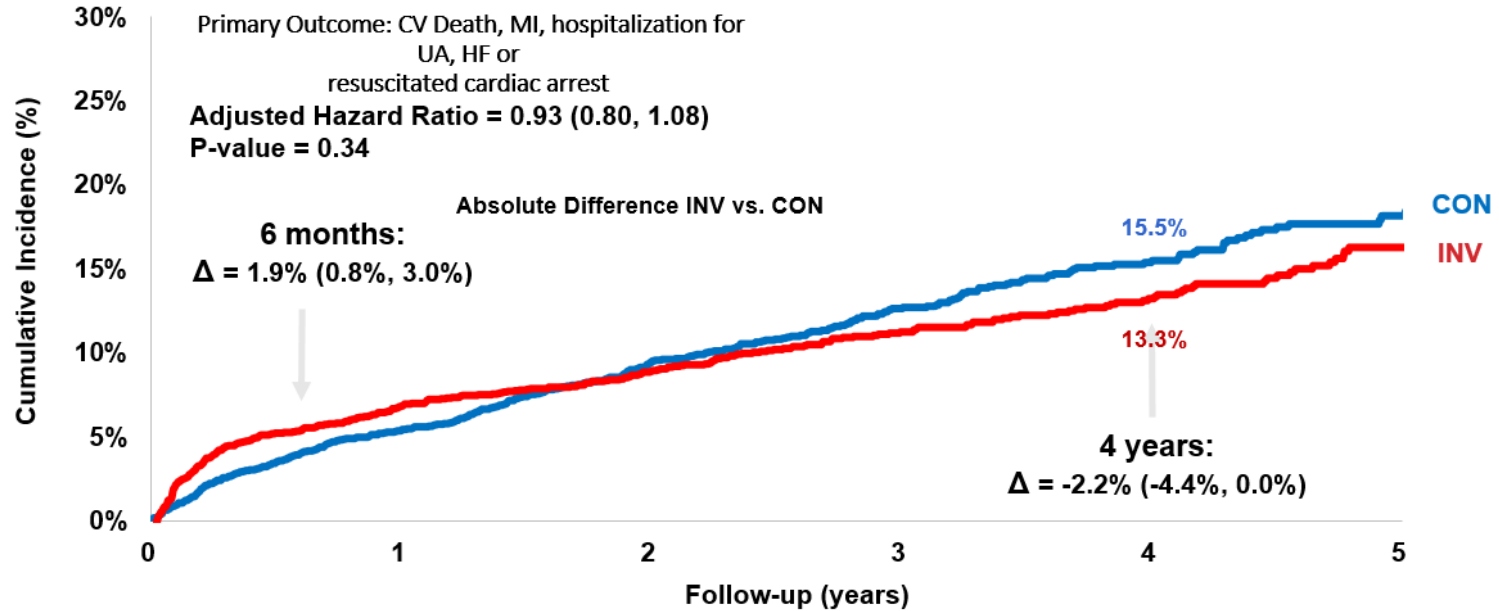


First Co-Primary Outcome: CV Death or New MI



Mehta et al NEJM 2019

ISCHEMIA

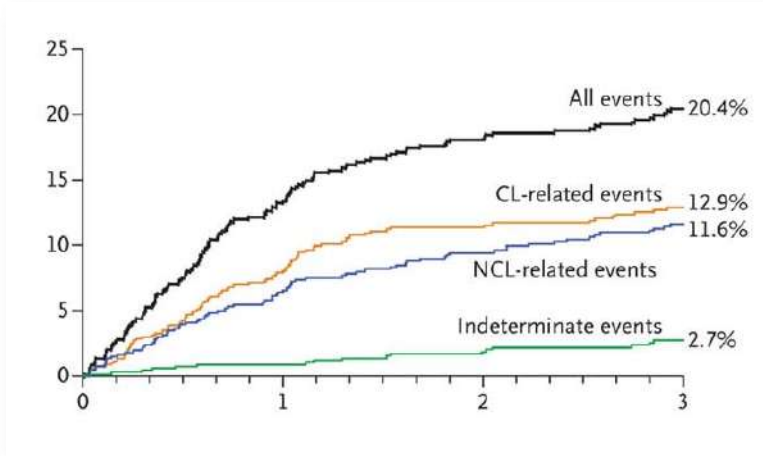


Subjects at Risk

CON	2591	2431	1907	1300	733	293
INV	2588	2364	1908	1291	730	271

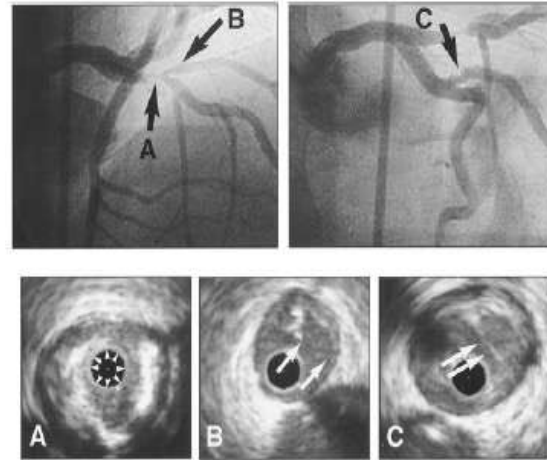
Le SCA est une pathologie diffuse

La moitié des événements après SCA ne sont pas en rapport avec la lésion coupable



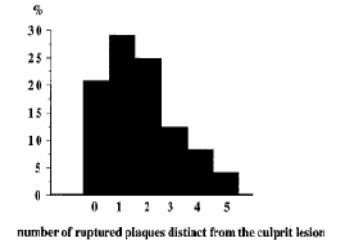
Etude PROSPECT: Evénements CV majeurs chez 697 Pts post SCA

Stone GW et al. *N Engl J Med* 2011



24 patients SCA IVUS 3 Vaisseaux

Riouffol et al *Circ* 2002



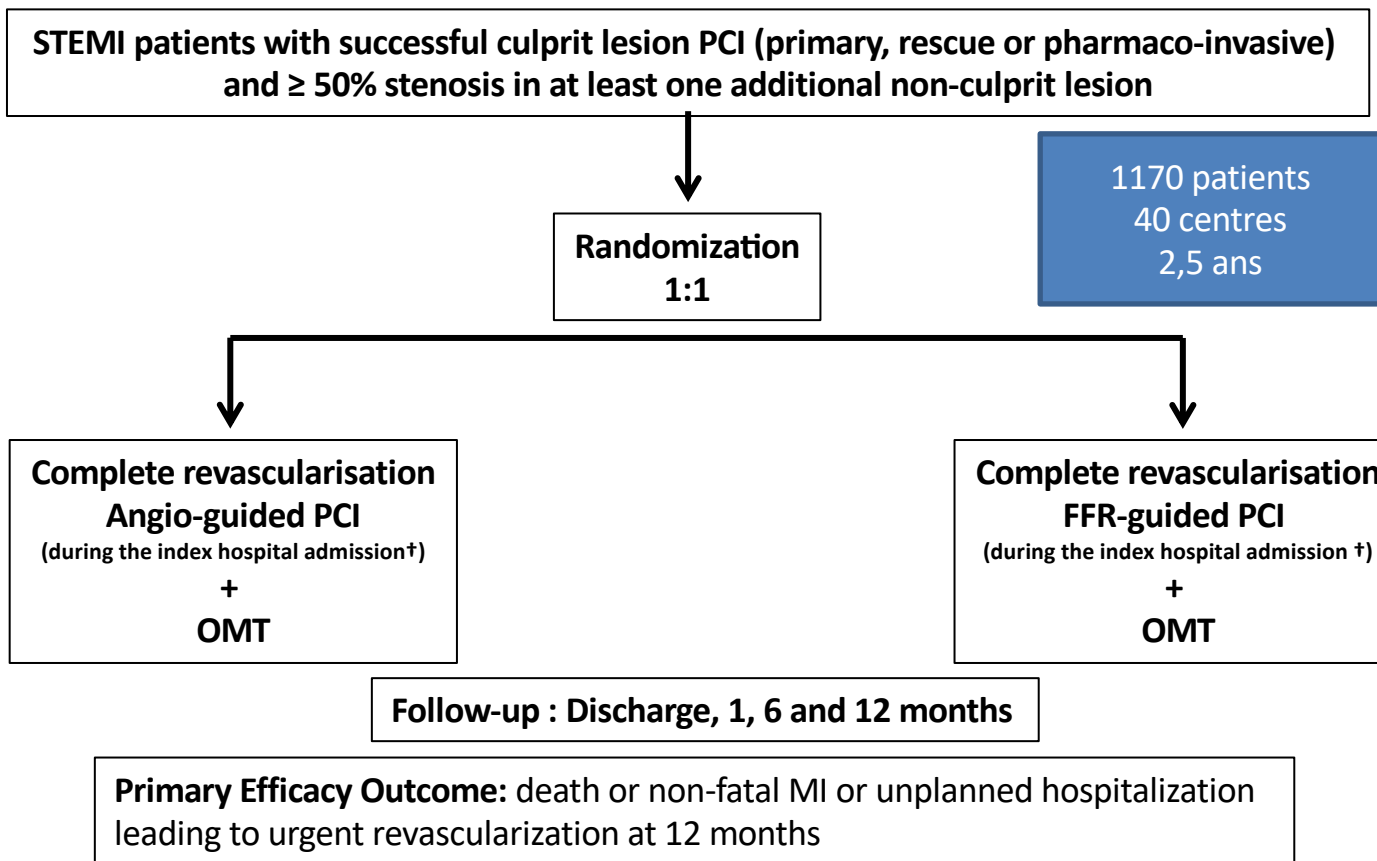
STEMI multitronculaire: quand et comment?

- Faut-il revasculariser les lésions non coupables?
- Quelles lésions revasculariser?





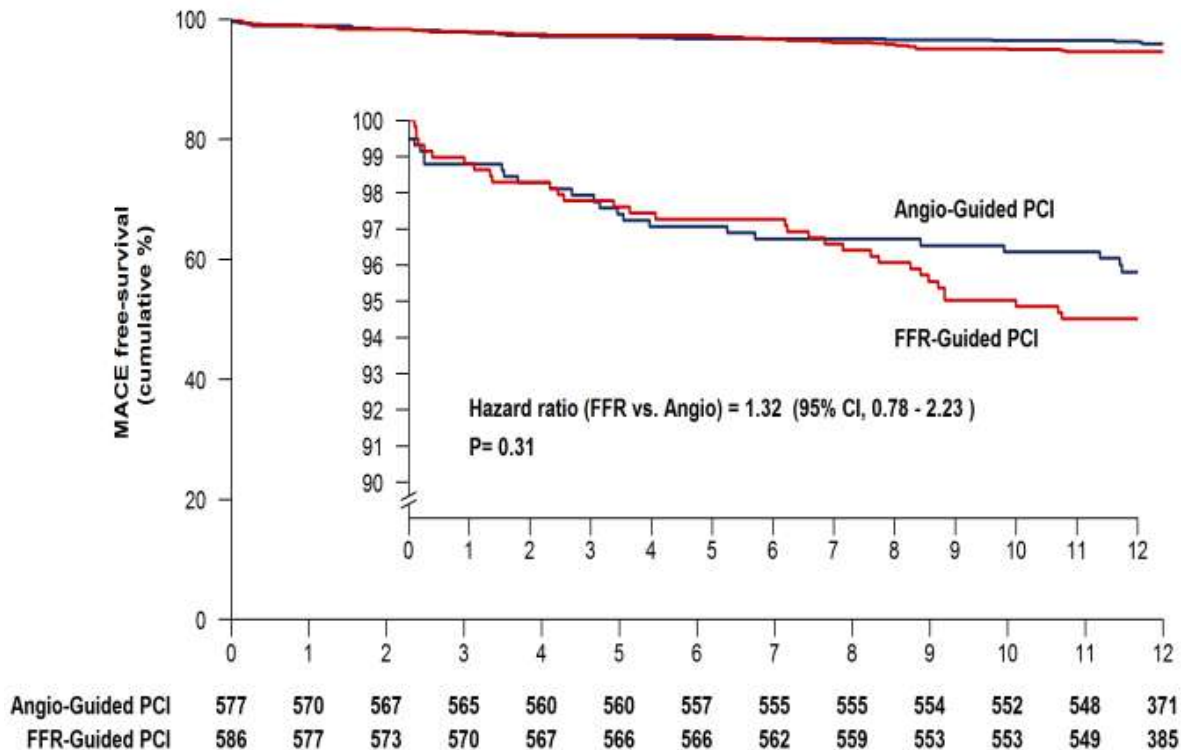
FLOWER-MI



Puymirat et al
NEJM 2021



FLOWER-MI

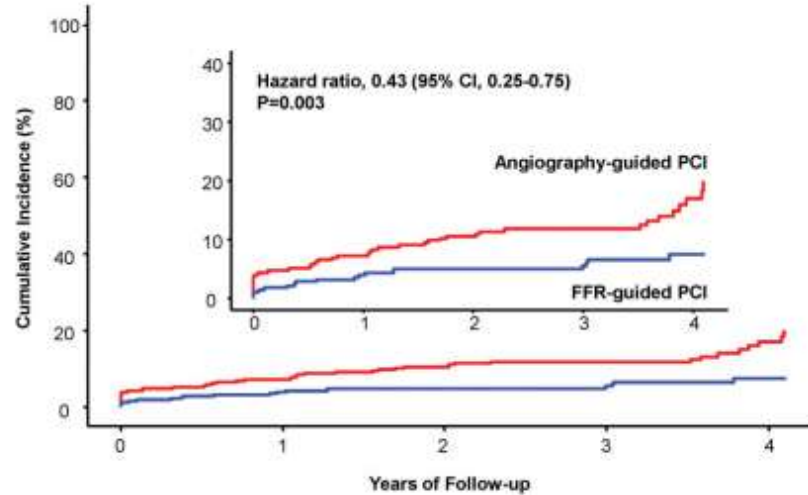


Puymirat et al
NEJM 2021

FRAME-AMI

562 patients angio guided vs. FFR guided

Primary endpoint:
death, MI,
revascularization.



No. at Risk

Angiography-guided PCI	276	257	223	173	74
FFR-guided PCI	284	271	237	186	79

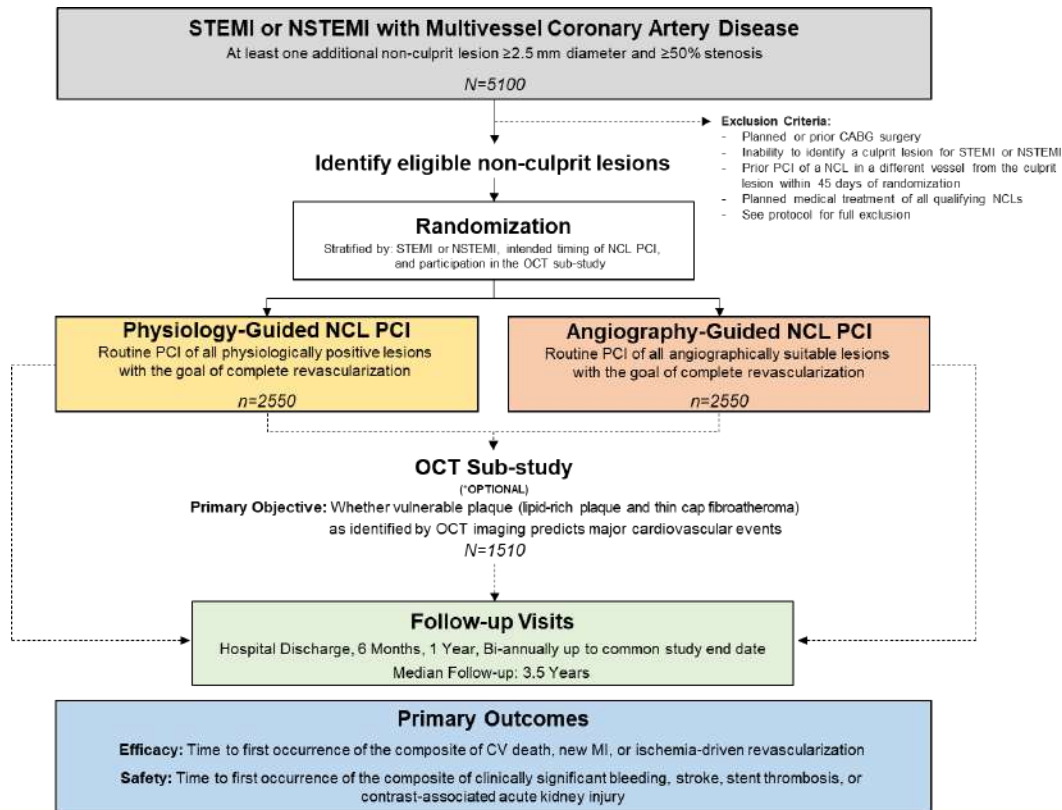
Lee et al EHJ 2022

FLOWER-MI vs. FRAME-MI: pourquoi une telle différence?

Comparison of trials assessing FFR guided vs angiographically guided PCI of non-culprit lesions

	FRAME-AMI	FLOWER-MI
Primary Outcomes Death, myocardial infarction, repeat revascularisation	7.4% vs 19.7% HR 0.43 (0.25-0.75)	5.5% vs 4.2% HR 1.32 (0.78-2.23)
	562 patients	1171 patients
Non-culprit lesion Epicardial coronary/major side branch ≥50% stenosis ≥2mm diameter	52.8% STEMI 47.25% NSTEMI	100% STEMI
	Median 3.5 years follow-up	1 year follow-up
	60% index procedure 40% staged PCI	96.2% staged PCI

COMPLETE-2



STEMI multitronculaire: quand et comment?

- Faut-il revasculariser les lésions non coupables?
- Quelles lésions revasculariser?
- Quand revasculariser les lésions non coupables?

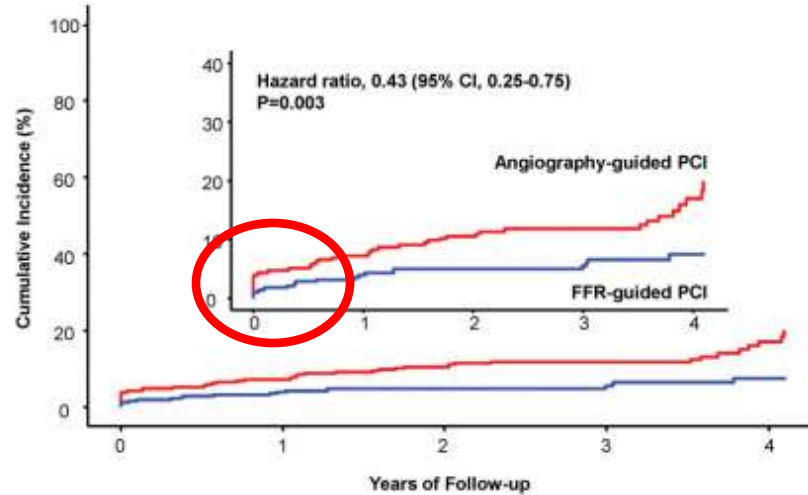
STEMI multitronculaire: quand et comment?

- Faut-il revasculariser les lésions non coupables?
- Quelles lésions revasculariser?
- Quand revasculariser les lésions non coupables?
 - Durant la procédure index?

FRAME-AMI

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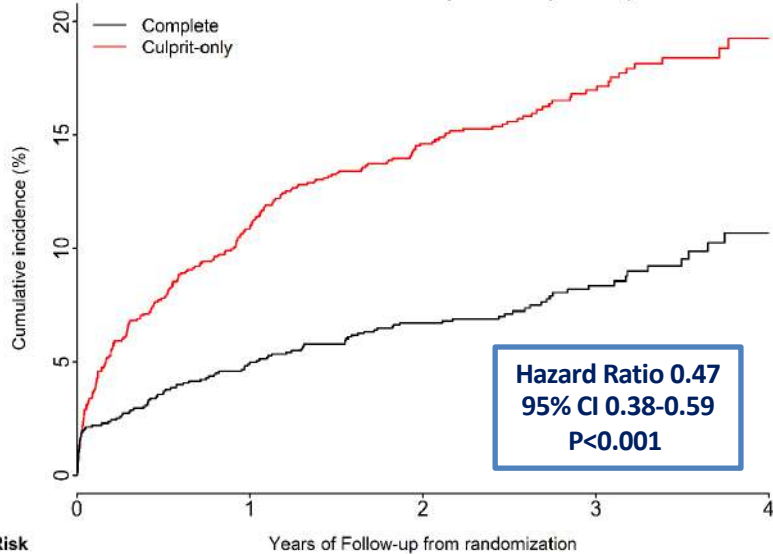
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STEMI multitronculaire: quand et comment?

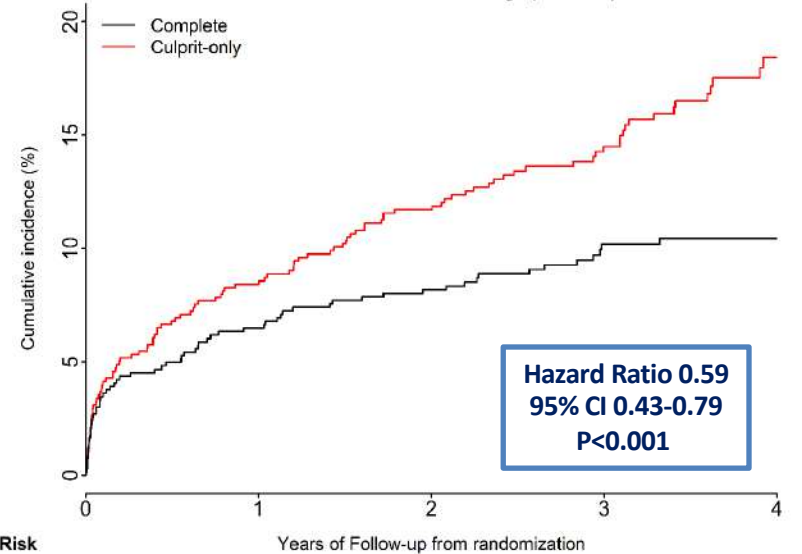
- Faut-il revasculariser les lésions non coupables?
- Quelles lésions revasculariser?
- Quand revasculariser les lésions non coupables?
 - Durant la procédure index?
 - Durant l'hospitalisation index?

Timing Analysis: Second Co-Primary Outcome CV death, MI or IDR

Index Hospitalization

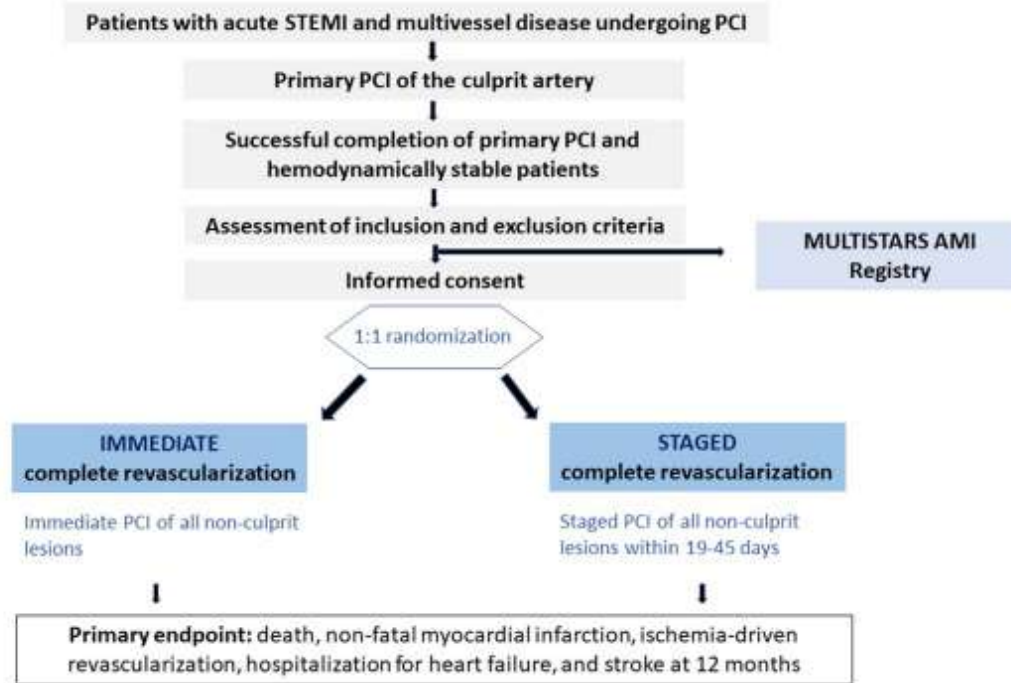


After Discharge

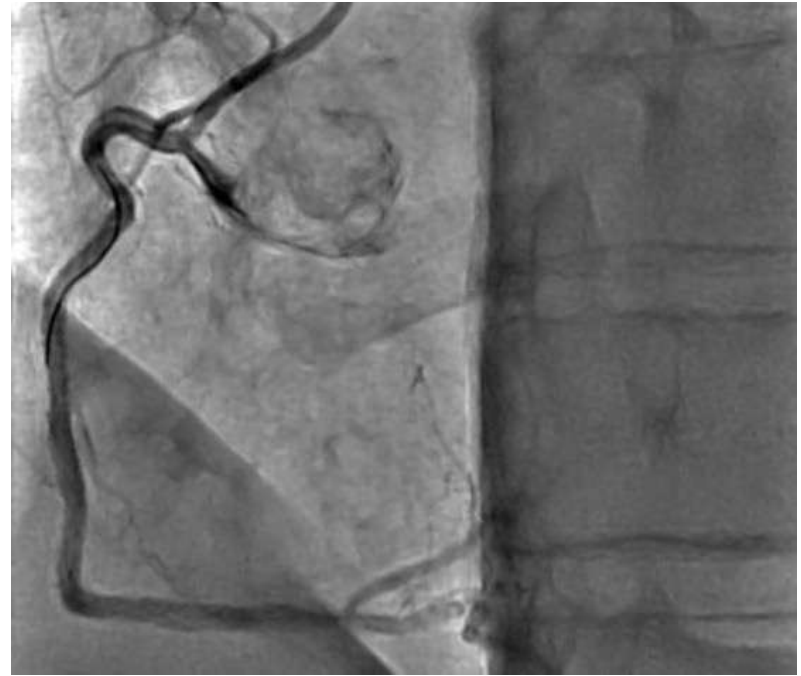


MULTISTARS

840 patients STEMI MVD



Stahli et al Am Heart J 2020



STEMI multitronculaire: quand et comment?

- Faut-il revasculariser les lésions non coupables?: Oui+++
- Quelles lésions revasculariser? Reste à définir (COMPLETE 2)
- Quand revasculariser les lésions non coupables? Timing optimal à définir